

## THE IMPACT OF A SIMPLE HEALTH EDUCATION INTERVENTION IN OVERACTIVE BLADDER PATIENTS

### Aims of Study

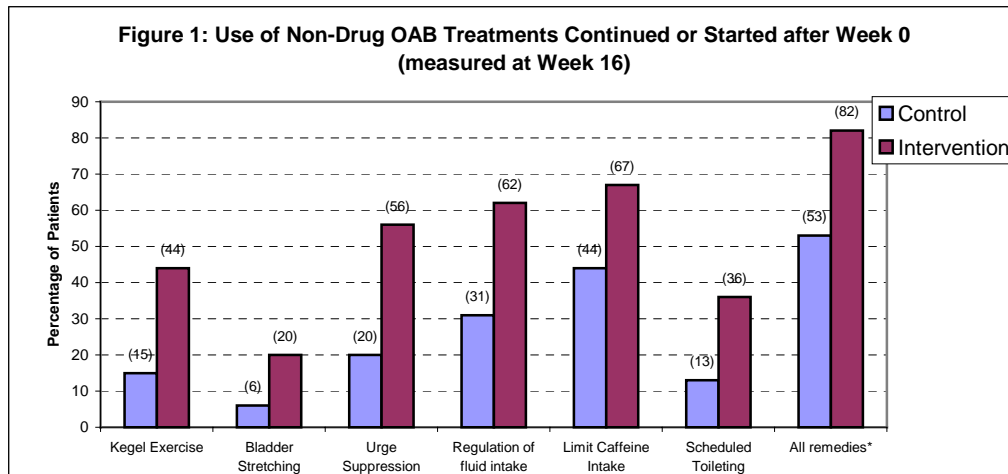
Antimuscarinic agents are effective for overactive bladder (OAB) symptoms but their usefulness is limited by poor compliance. Despite the proven effectiveness of muscarinic receptor antagonists in randomized trials, the clinical usefulness of these agents is limited by poor patient compliance. A recent report of data obtained from the Regie de l'Assurance Maladie du Quebec database indicated that the probability of a patient taking an antimuscarinic agent at three months following treatment initiation was only 22%. This probability was even lower at six months, with a value of 11.4% (1). Behavioural intervention has been reported to improve the outcome of drug therapy for OAB (2). The objectives of this study were: 1) to assess the effectiveness of a simple Health Education Intervention (HEI) in promoting compliance and/or persistence with tolterodine (TOL) in patients with OAB and 2) to assess attitudes and behaviours associated with other OAB treatments.

### Methods

Ambulatory men and women, at least 50 years of age, with symptoms of OAB were recruited from family physicians' and urologists' offices to participate. A 16-week randomized, open-label, multicentre study was undertaken to compare a control group who received a prescription for TOL with a group who in addition received a HEI (HEI group). The HEI materials included: information sheets on OAB, appropriate use of TOL, and behavioral modification, and an 8-week prescription. Patients were followed via telephone interviews at 0, 5, 10 and 16 weeks. A total of 138 patients from 15 sites were enrolled.

### Results

Data were available for 84 patients (45 in the control and 39 in the HEI groups). The cohort consisted of mostly females (88%) with a mean age of 64 years and OAB symptoms for 8.7 years. The demographics were similar in both groups. At week 16, 49% of patients in the HEI



group were persistent versus 33% in the control ( $P>0.05$ ) and 38% were compliant compared to 31% of patients ( $P>0.05$ ) in the control. A significantly larger percentage of patients in the HEI group, 82.1% (32/39), compared to the control group, 53.3% (24/45), used kegel exercises, bladder stretching, urge suppression, fluid intake regulation, caffeine limitation, and scheduled toileting to control OAB symptoms ( $P<0.05$ ) as seen in Figure 1.

At 16 weeks a significantly higher percentage of patients in the HEI (45.4%) versus the control group (20%) had symptom improvement as assessed by self-reported levels of severity ( $P<0.05$ ).

Table 1: Change from Week 0 to Week 16 for Self-reported Severity of Bladder Problems.

<b>IMPROVEMENT IN SELF-REPORTED SEVERITY OF BLADDER PROBLEMS</b>	<b>Control n</b>	<b>N (%)</b>	<b>Intervention n</b>	<b>N (%)</b>
Same	30	20 (66.7)	33	14 (42.4)
Improved‡	30	6 (20)	33	15 (45.4)
Worsened	30	4 (13.3)	33	4 (12.1)

### **Conclusions**

Patients who received the HEI had a trend toward better persistence and compliance and used behavioural modification significantly more than the control group. The combination of the HEI and the drug also resulted in a larger self-reported improvement in the level of severity of their OAB compared to the drug alone. This simple 3-5 minute HEI appeared to improve the outcome of treatment.